MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589463

APPLICANT(S)

FILING DATE

CLAIMS

	AS F	ILED		TER ·	AFTER 2 ** AMENDMENT		CLAIM	<u>s</u>	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT		
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